(b) if so, the state-wise details thereof togetherwith the findings of the survey;

(c) whether Government have formulated any time-bound scheme for the treatment of Leprosy; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA) (a) and (b) Yes, Sir. General/contact survey for early detection of leprosy cases is a part of duties of leprosy workers. General Survey is to be completed in every 5 years, while contact survey in the affected families annually. Detials of new cases so detected are provided by the states through monthly reports. No sepearate data of surveys are collected or required.

(c) and (d) National Leprosy Erdications Programme is being implemented as a Centrally Sponsored Scheme with an aim to eliminate leprosy in India by the Year 2000 A.D. Under the programme, free Multi Drug Therapy (MDT) treatment services are provided to leprosy patinets.

Operational availability of aircrafts

2358. SHRI JAGIR SINGH DARD: Will the PRIME MINISTER be pleased to state:

(a) whether the possibility of acquisition by Pakistan of F 16s do concern our Air Force due to its deficiencies in improving operational availability of aircrafts;

(b) if so, what steps are being taken to surmount this; and

(c) if not, how good is our preparedness?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI MALLIKARJUN): (a) to (c) The Government views with concern any acquisition by Pakistan beyond its legitimate Defence requirements. Any such acquisition is always taken into consideration while formulating our Defence strategy. Necessary steps have been taken to countrer any possible threat from our adversaries by augmenting our resources, wherever necessary.

Failure of Public Health System

2359. SHRI YERRA NARAYANSWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether diseases and illnessed like cholera and malaria are the result of the failure of public health system;

(b) whether it is a fact that malaria and cholera are due to lack of prompt attention by Government;

(c) whether victims of choleara and malaria will be finance compansated for such affliction by Government; and

(d) in what manner Government propose to protect people from serious infections and diseases caused by failure of public health system?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) Diseases and illness like Cholera and malaria are linker maintenance of envirornmental hygenie, sanitation, consumption of safe food and drinking-water.

(b) No, Sir.

(c) There is no such proposal under consideration.

(d) State Governments have to improve sanitation, ensure adequate availability of safe drinking water and strengthen public health infrastructure.

WHO Report on TB

2360. SHRIMATI MALTI SHARMA:
SHRI SUSHILKUMAR SAMBHAJIRAO SHINDE:
SHRIMATI VEENA VERMA:
SHRI RAJ NATH SINGH:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether according to latest report of the World Health Organisation 1.5 million people in India become sick with TB each year;

(b) if so, how do these figures compare with Government's assessment indicating the rural and urban victims of TB each year; and

(c) what is the plan of action of eradication of TB under the Eighth Plan and the achievements made thereunder so far?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) The number of TB cases detected and put on treatment during the last five years are as under:—

Year	TB Casese detected
1990-91	15.99 lakhs
1991-92	12.79 lakhs
1992-93	15.39 lakhs
1993-94	13.59 lakhs
1994-95	12.49 lakhs

It is estmated that 76% cases are found in rural areas.

(c) The National Tuberculosis Control Programme launched by the Government in 1962 has succeeded in reducing mortality rate. Childhood TB and serious form of Tuberculosis in adults are on the decline. The special efforts being made to combat the disease are by expanding the National Tuberculosis is Control Programme and through its effective implementation. A revised strategy to detect TB cases through quality miscroscopy and to achieve 85% cure rate among new sputum positive cases and Directly Observed Therapy (DDT) of more effective short course chemotherapy is being tested in selected project areas in fine districts and ten cities.

गुजरात में लम्बित मामले तथा न्यायाधीशों के रिक्त पड़े हुये पद

2361. **श्री चिमनभाई हरिभाई शुक्ल** : क्या प्रधान मंत्री यह बताने की कृपा करेगे कि:

(क) 30 जून, 1995 की तिथि के अनुसार गुजरात उच्च न्यायालय में कुल कितने मामले लम्बित हैं,

(ख) ऐसे लम्बित मामलों का जिला-वार एवं श्रेणी-वार क्या है,

(ग) 30 जून, 1995 की तिथि को उच्च न्यायालय में न्यायाधीशोंके कुल कितने पद रिक्त थे,

(घ) क्या गुजरात उच्च न्यायालय से न्यायाधीशों के पर्दो के लिये उम्मीदवारों की कोई सूची प्राप्त हुई है, और

(ड़) इन पर्दो को अब तक न भरे जाने के क्या कारण हैं?

विधि, न्याय और कंपनी कार्य मंत्रालय (श्री हंसराज भारद्वाज) : (क) और (ख) 30 जून, 1995 को गुजरात उच्च न्यायालय में निम्नलिखित मामले लम्बित थे :-

सिविल मामले	-77721
दांडिक मामले	-11019
प्रकीर्ण मामले	-5613
योग	-94353

गुजरात उच्च न्यायालय की रजिस्ट्री ने सूचित किया है कि लम्बित मामलों की जिला-वार जानकारी प्रस्तुत करना संभव नहीं है, क्योंकि उच्च न्यायालय द्वारा ऐसा कोई रजिस्टर नहीं रखा जाता है।

(ग) 30 जून, 1995 की स्थिति के अनुसार गुजरात उच्च न्यायालय में 30 स्थायी (अपर न्यायाधीशों के स्वीकृत पदों में से स्थायी) अपर न्यायाधीशों के 7 पद रिक्त थे।

(घ) और (ड़) गुजरात उच्च न्यायालय में न्यायाधीशों के रिक्त पदों को भरे जाने के लिये कुछ प्रस्ताव प्राप्त हुये हैं और उन पर सक्रियता के विचार किया जा रहा है।